

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4							
5							
6							
7							
8							
9							
10							
11							
12	1						
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25	1						
26							
27							
28							
29							
30							
31	1						
32							
33	1						
34							
35							
36							
37							
38							
39							
40							
41	1						
42	1						
43							
44	1						
45							
46							
47	1						
48							
49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52	1						
53							
54							
55							
56							
57							
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92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.	12		←		←		←
TOTAL CLAIMS	52						